Employee State Insurance (General) Regulations
FORM 10

(See Regulation 52-A)

(Confidential)

Abstention Verification in respect of Sickness Benefit/ Temporary Disablement Benefit/ Maternity Benefit

From

The Manager

_____Branch Office

E.S.I. Corporation

To,

M/s_____

Subject: **Verification of abstention from work in respect of Shri/Smt/Kum_____**

Insurance No_____ Department _____

Dear Sir/s

The above-named employee of your factory has submitted a certificate of incapacity for the period from _____to _____and has declared that he/she has not worked on any day during the above period.

He/She has further declared that he/she has not received wages as defined under Section 2(22) of ESI Act, 1948 for any leave/holiday/weekly off/Lay-off and strike in respect of any day during the above period and was not on strike for the above period of incapacity.

　　　I shall be grateful if you confirm the exact position, in this regard, on the form, appended within 10 days of receipt of this form.

Yours faithfully,

Manager

Branch Office

_____

CONFIDENTIAL

REPLY TO BE FURNISHED BY THE EMPLOYER IN RESPECT OF FORM NO. 10

Name of the insured person/ Insured Woman_____

Insurance No_____

      Returned with the remarks that the employee in question has not worked on any day during the period from _____to_____or *that he/she has worked on _____ during the period from _____ to _____.

      It is further confirmed that-

(a) He/she had remained on leave with wages for the period from _____to_____

(b) He/she had remained on holidays with wages from _____to_____

(c) He/she was weekly off with wages for _____

(d) He/she was on lay-off with wages from _____to_____

(e) He/she was on strike from _____to_____

1. If the IP/IW is paid any wages for any of the days during the above period subsequently, the same will be notified to you in due course.

2. The day preceding the first day of absence was/was not a holiday for the insured person.

Date: Signature

      Name and Designation_____

      _____

      Code No_____

*Strike out which is not applicable.

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